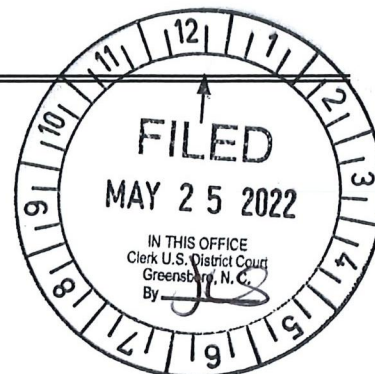


UNITED STATES DISTRICT COURT

for the

District of _____

Division _____



CHRISTOPHER
LAMAR
TOWNSEND

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

"SEE ATTACHED"

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Case No.

1:22cv399
(to be filled in by the Clerk's Office)

Jury Trial: (check one)



Yes



No

COMPLAINT FOR A CIVIL CASE ALLEGING NEGLIGENCE
(28 U.S.C. § 1332; Diversity of Citizenship)

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address

CHRISTOPHER LAMAR TOWNSEND
216 KAYE DR
LEXINGTON DAVIDSON
NORTH CAROLINA 27292
(336) 807-4116
ctown4948@gmail.com

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

Name
Job or Title *(if known)*
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address *(if known)*

UNITED FURNITURE INDUSTRIES
LANE FURNITURE (formerly)
EMPLOYER/OWNER
5380 HWY 145 SOUTH
TUPELO LEE
MISSISSIPPI 38801
(662) 447-4000
UNKNOWN

Defendant No. 2

Name
Job or Title *(if known)*
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address *(if known)*

JOSE MARTIN GAMEZ
EMPLOYEE/OPERATOR
UNKNOWN/NOT CERTAIN
UNKNOWN/NOT CERTAIN
UNKNOWN/NOT CERTAIN
UNKNOWN/NOT CERTAIN
UNKNOWN/NOT CERTAIN

Defendant No. 3

Name
Job or Title *(if known)*
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address *(if known)*

Defendant No. 4

Name
Job or Title *(if known)*
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address *(if known)*

II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Under 28 U.S.C. § 1332, federal courts may hear cases in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000. In that kind of case, called a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff. Explain how these jurisdictional requirements have been met.

A. The Plaintiff(s)

1. If the plaintiff is an individual

The plaintiff, (name) CHRISTOPHER L. TOWNSEND, is a citizen of the
State of (name) NORTH CAROLINA.

2. If the plaintiff is a corporation

The plaintiff, (name) _____, is incorporated
under the laws of the State of (name) _____,
and has its principal place of business in the State of (name) _____.

(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)

B. The Defendant(s)

1. If the defendant is an individual

The defendant, (name) JOSE MARTINEZ GOMEZ, is a citizen of
the State of (name) UNKNOWN/NOT CERTAIN. Or is a citizen of
(foreign nation) UNKNOWN/NOT CERTAIN.

2. If the defendant is a corporation

The defendant, (name) LANE FURNITURE, is incorporated under
the laws of the State of (name) MISSISSIPPI, and has its
principal place of business in the State of (name) MISSISSIPPI.
Or is incorporated under the laws of (foreign nation) _____,
and has its principal place of business in (name) _____.

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

C. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because (explain):

THE DEFENDANT(S)
OWES \$75,000 - \$1,127,880 FOR A TRACTOR TRAILER CRASH/COLLISION
CAUSED BY THEIR EMPLOYEE JOSE MARTINEZ GOMEZ
ON 06-08-2019

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

On (date) 05022019, at (place) CORNER OF HOLLY GROVE RD & MLK JR BLVD
the defendant(s): (1) performed acts that a person of ordinary prudence in the same or similar circumstances would not have done; or (2) failed to perform acts that a person of ordinary prudence would have done under the same or similar circumstances because *(describe the acts or failures to act and why they were negligent)*

* SEE *
ATTACHED 1 page

The acts or omissions caused or contributed to the cause of the plaintiff's injuries by *(explain)*

* SEE *
ATTACHED 1 page

IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

* SEE *
ATTACHED 3 pages

~~*~~ STATEMENT OF CLAIM ~~*~~
(ACTS OR OMISSIONS)

ON JUNE 2, 2019 I WAS SITTING AT A
STOP LIGHT ON THE CORNER OF HOLLY
GROVE ROAD AND MARTIN LUTHER KING JR
BLVD IN LEXINGTON, NC. THE LIGHT TURNED
GREEN I MADE A RIGHT TURN THEN MOMENTS
LATER I FELT AN IMPACT AND HEARD A POPPING
SCREECHING SOUND THATS WHEN I NOTICED
THE TRAILER PORTION WAS ON TOP OF MY CAR.
JOSE MARTIN GAMEZ WAS OPERATING THE
TRACTOR TRAILER, HE IS/WAS AN (EMPLOYEE)
FOR UNITED FURNITURE INDUSTRIES
CURRENTLY LANE FURNITURE (HIS EMPLOYER)
JOSE MARTIN GAMEZ ⁽¹⁾ VIOLATED MY RIGHTS BY
NOT UP HOLDING HIS STANDARD/DUTY OF
CARE TO ME AND THE PUBLIC, ⁽²⁾ HE ALSO CAUSED ME
HARM BY FAILING TO YIELD RIGHT OF WAY AND
RESULTED IN ALL OF PHYSICAL AND PSYCHOLOGICAL
INJURIES.

STATEMENT OF CLAIM
* (RELIEF SOUGHT) *

LANE FURNITURE IS RESPONSIBLE FOR ITS
EMPLOYEES ACTIONS BY COVERAGE OF INSURANCE
WHICH THERE INSURANCE PROVIDER MADE
WELL ON MY PROPERTY CLAIM, BUT FAILED
ON THE PERSONAL INJURY ASPECT OF MY CLAIM.
BY NOT OFFERING FAIR AND REASONABLE
COMPENSATION FOR THE INJURIES CAUSED
BY THERE INSURED EMPLOYEE. THROUGH
HUNDREDS OF EMAILS AND PHONE CONVERSATIONS
WITH THE DEFENDANTS (S) CLAIMS ADJUSTER
WE WERE UNABLE TO COME TO AN AGREEMENT
ON THE AMOUNT OF COMPENSATION FOR MY
INJURIES CAUSED IN THE ACCIDENT/COLLISION.

RELIEF[↑] SOUGHT

~~*REITET*~~

THE DAMAGES I SEEK THE COURT TO ORDER IS
FOR THE FOLLOWING.

* 1. A MILD SHOULDER INJURY THAT WAS TRIGGERED
BY THE CRASH, I HAVE MRI RESULTS THAT I
PROVIDED TO THE INSURANCE ADJUSTER.*

2. THE ^{*}BLIK^{*} OF MY CLAIM STEMS FROM NUMEROUS
PSYCHOLOGICAL ISSUES TRIGGERED BY THE CRASH

* Heighten Anxiety (Dizziness while driving or under stress)
MILD seizure like sensation

* INSOMNIA

* LOSS OF MEMORY*

* NIGHT TERROS

* DEPRESSION

* PARANOIA OF COMMERCIAL VEHICLES/CONTESTED
TRAFFIC

* CLAUSTROPHOBIA

* SUICIDAL THOUGHTS

* PTSD

* SUIT*

↑
ANYTHING I'M CLAIMING IN THIS ON THIS PAGE
CAN BE CONFIRMED WITH MY MEDICAL JACKET
AND DOCTORS NOTES, ALSO I HAVE ENDLESS BOTTLES
OF MEDICATION THAT I'VE TAKEN SINCE THIS INCIDENT.

RELIEF (CONTINUED)

\$17,000 = Dr. Bills / TREATMENT (I HAVE ALL THE BILLS BROKEN DOWN AND ITEMIZED WILL PROVIDE UPON REQUEST)

\$43,500 + \$8,060 + \$3,697 + \$8,060 (TIME OUT OF WORK, TIPS AND DELIVERY FEE'S, AND ESSENTIAL WORKERS PAY)

\$14,500 / YEAR X 20 YEARS \$290,000 + \$24,650 =

\$314,650 (DISABILITY FOR NEXT 20 YEARS UNTIL RETIREMENT AGE PLUS 8.5% CURRENT INFLATION RATE)

\$80,317 - \$314,650

BEFORE TRIAL

NOTE TO THE JURORS, OWNERS, ETC: ^{MENTAL}
IF I HAVE TO ENDURE THE AGONY, TORTURE AND HUMILIATION OF GOING THRU A JURY TRIAL, I WILL BE SEEKING AND ASKING THE JURORS TO GRANT ME A JUDGEMENT OF **\$943,950 - \$1,127,880**

UPON VERDICT IN PLAINTIFF'S FAVOR

RELIEF (CONTINUED)

I WOULD ^{LIKE} THE COURT TO ORDER ALL
OF THE DAMAGES RANGING FROM
ALL OF MY PSYCHOLOGICAL ISSUES
WHICH LED UP TO ME BEING DISABLED
AND HAVING ⁶ TO FILE FOR SOCIAL SECURITY ^{INSURANCE}
FOR THE DEFENDANTS NEGLIGENCE.

NOTE: THESE ARE NOT LEGAL ARGUMENTS WHAT
I'M ABOUT TO PRESENT, BUT I HAVE TO MENTION
THEM IN THIS COMPLAINT OR I WANT BE ABLE
TO ADDRESS THEM IF I HAVE TO GO TO TRIAL

LOSS OF ENJOYMENT OF LIFE ← NOT LEGAL
DECREASED EARNING CAPACITY ← ARGUMENTS
PROXIMATE CAUSE ← FOR THIS
PARTICULAR
DOCUMENT

ATTENTION TO THE
COURT

I ASSURE YOU I AM NOT INTERESTED
IN WASTING THE COURTS VALUABLE
TIME AND RESOURCES, NOR AM I TRYING
TO BE A NUISANCE, ALL I AM SEEKING
IS FAIR AND REASONABLE COMPENSATION
FOR MY INJURIES DUE TO THE CRASH.

THANK YOU

V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 5-25-2022

Signature of Plaintiff Christopher L. Townsend
Printed Name of Plaintiff CHRISTOPHER L. TOWNSEND

B. For Attorneys

Date of signing: _____

Signature of Attorney _____
Printed Name of Attorney _____
Bar Number _____
Name of Law Firm _____
Street Address _____
State and Zip Code _____
Telephone Number _____
E-mail Address _____